

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

National Emergency Medicine Political Action Committee

ADDRESS (number and street)

1125 Executive Circle

☐Check if different  
than previously  
reported. (ACC)

Irving

TX

75038

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00140061

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

1 1

0 2

2 0 1 0

in the  
State of

TX

(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Phyllis Edans, CPA, CAE

Signature of Treasurer

Electronically Filed by Phyllis Edans, CPA, CAE

Date

1 0

2 1

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	815920.52
(b) Cash on Hand at Beginning of Reporting Period .....	751704.99	
(c) Total Receipts (from Line 19) .....	88269.50	791134.26
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	839974.49	1607054.78
7. Total Disbursements (from Line 31) .....	194500.00	961580.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	645474.49	645474.49
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	86718.00	806715.77
(ii) Unitemized .....	1551.50	698861.89
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	88269.50	785579.89
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	88269.50	785579.89
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	4800.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	754.37
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	88269.50	791134.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	88269.50	791134.26

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	154500.00	915000.00	
24. Independent Expenditure (use Schedule E) .....	40000.00	40000.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	6580.29	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	194500.00	961580.29	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	194500.00	961580.29	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	88269.50	785579.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	88269.50	785579.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frederick Allgower

Mailing Address 513 Dragon Gate Ct

City

Henderson

State

NV

Zip Code

89012-7279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPMG St Rose Dominican Ho-  
sp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131738

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Leigh Anderson Anderson Barrow

Mailing Address 2131 e 25th street

City

Tulsa

State

OK

Zip Code

74114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
emergency medicine physic-  
ians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131574

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Benjamin D Armstrong

Mailing Address 923 League St

City

Philadelphia

State

PA

Zip Code

19147-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cooper Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131576

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Jerome Jerome Augustine

Mailing Address 5006 Macarthur Ct NW  
Apt 329

City State Zip Code  
Washington DC 20016-3343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMP Ltd - Dir Clinical Op-  
ert

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130725

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Neal Finley Aulick, II, MD, FA

Mailing Address 11 Aaronwoods Ct

City State Zip Code  
Wheeling WV 26003-9358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMP of Ohio Co PLLC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131699

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dominic Joseph Joseph Bagnoli, Jr

Mailing Address 50 E Dr

City State Zip Code  
Hartville OH 44632-8890

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emer Med Phys Ltd

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131737

Amount of Each Receipt this Period

4000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Baker, MD, FACEP

Mailing Address 34 Puukani Pl

City

Kailua

State

HI

Zip Code

96734-2928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pali Momi Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131698

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Betro

Mailing Address 41718 Chesterfield Ct

City

Novi

State

MI

Zip Code

48375-4787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ER one

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131549

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

William A A Biggers, Jr

Mailing Address 101 Brock Ridge Run

City

Elizabeth City

State

NC

Zip Code

27909-8730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP of Pasquotank

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130726

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Bonz

Mailing Address 238 Marion St

City

New Haven

State

CT

Zip Code

06512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale New Haven Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130963

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.01

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130680

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John C C Braaten

Mailing Address 164 Jordon Blvd

City

Delmar

State

NY

Zip Code

12054-4137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Samaritan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131696

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer H Bradstreet

Mailing Address 106 E. Olive Ct

City

Atlantic Beach

State

NC

Zip Code

28512-6529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130960

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert I I Broida

Mailing Address PO Box 5404

City

Akron

State

OH

Zip Code

44334-0404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Robert I Broida

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131736

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Vanessa M M Brown

Mailing Address 59 Cady St

City

Stamford

State

CT

Zip Code

06907-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stamford Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130727

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Craig A A Bryant

Mailing Address 3 Broadway Ave

City

Mystic

State

CT

Zip Code

06355-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lawrence and Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131695

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jorge L L Cambo

Mailing Address 1143 Raintree Pl

City

Winter Park

State

FL

Zip Code

32789-2563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.33

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132507

Amount of Each Receipt this Period

8.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy John John Carr

Mailing Address 4304 Gray Heron Dr

City

N Myrtle Bch

State

SC

Zip Code

29582-9524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Timothy John Carr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131694

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1008.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

L Anthony Anthony Cirillo, MD, FACEP

Mailing Address 91 Woodridge Dr

City

Saunderstown

State

RI

Zip Code

02874-1943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Transaction ID: C1130730

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Orion J J Colfer

Mailing Address 21 Furnace St Unit 605

City

Akron

State

OH

Zip Code

44308-1962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1130954

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher Corbit

Mailing Address 75 Forest Mill Ln

City

Akron

State

OH

Zip Code

44319-4082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron Gen Med Ctr Dept of  
EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131693

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kevin Corrigan

Mailing Address 160 Castaway Trl

City

Mooreville

State

NC

Zip Code

28117-9675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130947

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Timothy Corvino

Mailing Address Dept of EM 2525 Ct Dr  
Apt 1303

City

Gastonia

State

NC

Zip Code

28054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gaston Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131734

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen R R Dannewitz

Mailing Address PO Box 31248

City

El Paso

State

TX

Zip Code

79931-0248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Stephen R Dannewitz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131692

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jesse Mark Mark DiRando

Mailing Address 5690 Great Northern Blvd Apt G

City

N Olmsted

State

OH

Zip Code

44070-5642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130919

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Mark Mark Dougherty

Mailing Address 12 Beech Wood Dr

City

Wheeling

State

WV

Zip Code

26003-6608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Valley Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130907

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Carolyn Stacy Stacy Dutton

Mailing Address 837 Park Slope Dr

City

Charlotte

State

NC

Zip Code

28209-2049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Carolyn Stacy Dutton

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131691

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Clifford Erickson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.01

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130903

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Robert J J Faflik

Mailing Address 5497 Governors Ave NW

City

Canton

State

OH

Zip Code

44718-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131684

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Robert R R Farquharson

Mailing Address 6707 Wakehurst Rd

City

Charlotte

State

NC

Zip Code

28226-5565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131727

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bernard Joseph Joseph Ferguson, IV

Mailing Address 81 Pearl St

City

Noank

State

CT

Zip Code

06340-5762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lawrence & Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131682

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Russell J J Firman

Mailing Address 112 Woodberry Ln

City

Fayetteville

State

NY

Zip Code

13066-1746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cortland Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131723

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Gary P Foley

Mailing Address 1119 Denney Dr

City

Duluth

State

MN

Zip Code

55805-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMDC ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130679

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William R Fraser

Mailing Address 390 Delaneys Cir

City

Powell

State

OH

Zip Code

43065-7543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130900

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Anita Marie Marie Gage

Mailing Address 2174 N Hametown Rd

City

Akron

State

OH

Zip Code

44333-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131681

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Michael David David Garfinkel

Mailing Address 1677 Beechwood Blvd

City

Pittsburgh

State

PA

Zip Code

15217-1433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP of Allegheny Co

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130896

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Heather R R Godale

Mailing Address 447 Malvern Rd

City

Akron

State

OH

Zip Code

44303-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massillon Comm Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131643

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Carl Goodman

Mailing Address 5 Heidi Ln

City

Mount Sinai

State

NY

Zip Code

11766-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brookhaven Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130731

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jason Greenbaum

Mailing Address 77 Soundview Ave

City

Stamford

State

CT

Zip Code

06902-6111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131642

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alexander Grinshpun

Mailing Address 2105 Sausse Ave # 3B  
Apt 3B

City State Zip Code  
Troy NY 12180-1739

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dr Alexander Grinshpun

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1131755

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Maya R R Heinert

Mailing Address 1532 37th St

City State Zip Code  
Sacramento CA 95816-6704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emerg Med Phys

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131605

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Glenn Glenn Hensley

Mailing Address 3116 Rolston Rd

City State Zip Code  
Greenville NC 27858-6255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMP of Craven County PLLC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131604

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Keia Hewitt

Mailing Address 3321 Luke Crossing Dr

City

Charlotte

State

NC

Zip Code

28226-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CMC Union Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130732

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Edwin M M Hinton, IV

Mailing Address 19748 Catherine Ln

City

Tinley Park

State

IL

Zip Code

60487-4433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St James Olympia Fields

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131732

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Lisa Dianne Hrutkay, DO, FACEP

Mailing Address 1464 Stoolfire Rd

City

Valley Grove

State

WV

Zip Code

26060-7934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMSTAR OVMC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130894

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bogdan M Irimies

Mailing Address 640 Penn St

City

Charlotte

State

NC

Zip Code

28203-4154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131601

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Lee Lee Jablow

Mailing Address 60 Palisade Terr

City

Glastonbury

State

CT

Zip Code

06033-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1131751

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John Janikas

Mailing Address 43 Outlook Dr S

City

Mechanicville

State

NY

Zip Code

12118-3642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Samaritan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131598

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce G G Jones

Mailing Address 465 Woodard Pl

City

Powell

State

OH

Zip Code

43065-7448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med Phys

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130891

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Brian M Kelley

Mailing Address 1528 Mount Isle Harbor Dr  
EMP/Gaston Memorial Hospital

City

Charlotte

State

NC

Zip Code

28214-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gaston Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131595

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Jayne M M Kendall

Mailing Address 1016 Tomshire Dr

City

Gastonia

State

NC

Zip Code

28056-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP of Gaston County

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131730

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Haig Haig Kezirian

Mailing Address 2124 W Rue St Michel

City

Fresno

State

CA

Zip Code

93711-1260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Childrens Hosp Central CA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131721

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Tara L Kiger

Mailing Address 1535 Route 9

City

Ocean View

State

NJ

Zip Code

08230-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tara L Kiger, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130887

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Michael Klauer, DO, FACEP

Mailing Address 4281 Glenmoor Rd NW

City

Canton

State

OH

Zip Code

44718-2255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131719

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stanley E E Koontz

Mailing Address 105 Hyacinth Ln

City

New Bern

State

NC

Zip Code

28562-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Craven Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131593

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald E Kurzejka

Mailing Address 2483 Potters Turn

City

Kankakee

State

IL

Zip Code

60901-7392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Provena St Marys Trauma  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130885

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Norman Label

Mailing Address PO Box 846

City

Nevada City

State

CA

Zip Code

95959-0846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131591

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter R R Later

Mailing Address 64 Windward Way

City

Waterford

State

CT

Zip Code

06385-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Peter R Later

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130884

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Lombino

Mailing Address 111A connecticut ave

City

greenwich

State

CT

Zip Code

06830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Stamford Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130729

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ricardo Machado

Mailing Address 886 Polaris Crossing Blvd

City

Westerville

State

OH

Zip Code

43081-8974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130709

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Merci G G Madar

Mailing Address 501 Leeward Ln

City

Enola

State

PA

Zip Code

17025-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Merci G Madar

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130681

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin D D Markowski

Mailing Address 572 White Tail Ridge Dr

City

Fairlawn

State

OH

Zip Code

44333-3288

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130728

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Katherine Mayer

Mailing Address 234 Magnolia Ave  
Unit 1242

City

Charlotte

State

NC

Zip Code

28203-5638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physic-  
ians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1131753

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John McCourt

Mailing Address 9436 Steeplehill Dr

City

Las Vegas

State

NV

Zip Code

89117-7270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPMG

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131590

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Edward McCutcheon

Mailing Address 1241 Princeton Ave

City

Charlotte

State

NC

Zip Code

28209-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEMA

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1130881

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen W W Meldon

Mailing Address 2918 Bunnell Ct

City

Cleveland

State

OH

Zip Code

44113-3039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physic-  
ians

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Transaction ID: C1130711

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tressa Naik

Mailing Address 17 Summit Walk Trl

City

Henderson

State

NV

Zip Code

89052-6696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Rose Dominican

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131718

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Jonathan C C Neuman

Mailing Address 1104 Berwick Ct

City

Waxhaw

State

NC

Zip Code

28173-6547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131716

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Elliot S S Nipomnick

Mailing Address 509 Woodland Rd

City

Kentfield

State

CA

Zip Code

94904-2637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chinese Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131715

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey G Norvell

Mailing Address 5345 Norwood Road

City

Fairway

State

KS

Zip Code

66205-2647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Kansas Hosp-  
ital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1103367

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Susan A O'Malley

Mailing Address 6 Prospect Dr

City

Brentwood

State

NY

Zip Code

11717-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brookhaven Mem Hosp

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131589

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

David Ryan Obert

Mailing Address 862 Rainbolt Ln

City

Henderson

State

NV

Zip Code

89052-0445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ Med Ctr

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130879

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael B B Osmundson

Mailing Address 13 Hibernia Rd

City

Savannah

State

GA

Zip Code

31411-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEPS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131713

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory L Oswald

Mailing Address 5829 Sylmar Dr

City

Broadview Hts

State

OH

Zip Code

44147-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gregory L Oswald, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130877

Amount of Each Receipt this Period

700.00

**C.**

Full Name (Last, First, Middle Initial)

David C Packo, MD, FACEP

Mailing Address Emer Med Phys  
4535 Dressler Rd NW

City

Canton

State

OH

Zip Code

44718-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130712

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Neil Neil Payne

Mailing Address 1803 E 136th PI S

City

Bixby

State

OK

Zip Code

74008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130876

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel L Pendleton

Mailing Address 95 Blaven Dr

City

Henderson

State

NV

Zip Code

89002-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPMG

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130875

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

John Perrin

Mailing Address 927 Scott Blvd  
Apt 208

City

Decatur

State

GA

Zip Code

30030-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131709

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shawn L L Posin

Mailing Address 13 Lynwood Ave

City

Wheeling

State

WV

Zip Code

26003-5948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Shawn L Posin

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130714

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Carol H H Roeder

Mailing Address 10 Fernbank Ave

City

Delmar

State

NY

Zip Code

12054-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albany Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130870

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Marilyn J J Rogers

Mailing Address 105 Riverpoint Rd

City

Signal Mountain

State

TN

Zip Code

37377-2237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erlanger North Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: C1131742

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

B Joshua Rubin

Mailing Address 3300 Douglas Blvd # 405  
Apt 336City State Zip Code  
Roseville CA 95661-3841FEC ID number of contributing  
federal political committee.**C**Name of Employer  
EMPOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131588

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Steven P P Rudis

Mailing Address 9796 Diversified

City State Zip Code  
Ellicott City MD 21042-1792FEC ID number of contributing  
federal political committee.**C**Name of Employer  
EMPOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1130869

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Lawrence J Satkowiak

Mailing Address 2807 W Decatur Ave

City State Zip Code  
Fresno CA 93711-0356FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Lawrence J Satkowiak , MDOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131586

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven J J Schorer

Mailing Address 9215 Stollwood Ct

City

Granite Bay

State

CA

Zip Code

95746-6753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy San Juan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131584

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Chet D D Schrader

Mailing Address 3249 Forestbrook Dr

City

Richardson

State

TX

Zip Code

75082-2691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WA Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1104869

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

David W W Schroeder

Mailing Address 5965 Greenbrier Rd

City

Franklin

State

TN

Zip Code

37064-9280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. David W Schroeder

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131706

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sydney E E Shrader

Mailing Address 1642 Burgess Rd

City

Woodford

State

VT

Zip Code

05201-8957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Samaritan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130867

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Suzy Schneider Schneider Shukovsky

Mailing Address 41 Old Highway

City

Wilton

State

CT

Zip Code

06897-3114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP of Fairfield LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130865

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Rhett Silver

Mailing Address 1 E Delaware Pl Apt 24D

City

Chicago

State

IL

Zip Code

60611-4982

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131583

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Slabinski

Mailing Address 67043 Old 21 Rd

City

Cambridge

State

OH

Zip Code

43725-9402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Mark Slabinski

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130718

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory M M Smith

Mailing Address 10222 Questa Ct

City

Wadsworth

State

OH

Zip Code

44281-8864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130716

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Trent W W Smith

Mailing Address 9393 E Palo Brea Bnd Unit 1052

City

Scottsdale

State

AZ

Zip Code

85255-6508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alle-Kiski Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130719

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel Snediker

Mailing Address 563 Ocean Ave

City

New London

State

CT

Zip Code

06320-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP of New London

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131705

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Clark Clark Stuntz, Jr

Mailing Address 4 Courageous

City

Lake Wylie

State

SC

Zip Code

29710-9281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131582

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Jerry Albert Albert Taylor

Mailing Address 761 Stonebridge Ct

City

N Huntingdon

State

PA

Zip Code

15642-1934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131581

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donovan Thompson

Mailing Address 4408 Lakeshore Rd N

City

Denver

State

NC

Zip Code

28037-9198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131580

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Melinda S S Threlkeld

Mailing Address 3208 Selwyn Farms Ln Apt 6  
Apt 6

City

Charlotte

State

NC

Zip Code

28209-4056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gaston Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Transaction ID: C1130720

Amount of Each Receipt this Period

260.00

**C.**

Full Name (Last, First, Middle Initial)

Wendy Joy Toole

Mailing Address 1 Crooked Bow Path

City

Mattapoisett

State

MA

Zip Code

02739-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jordan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1130859

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1760.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cynthia Jeanne Tucker

Mailing Address 19250 Raymond St

City

Grosse Pointe Wood

State

MI

Zip Code

48236-1928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St John Hosp & Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131579

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John R R Tucker

Mailing Address 12440 Alta Mesa

City

Auburn

State

CA

Zip Code

95603-3536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131702

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Travis Ulmer

Mailing Address 420 Queens Rd Apt 1  
Apt A

City

Charlotte

State

NC

Zip Code

28207-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gaston Meml

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130857

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce S S Ushkow

Mailing Address 24 Fieldstone Dr

City

Delmar

State

NY

Zip Code

12054-6704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Samaritan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Transaction ID: C1130722

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Bradley Alan Watling

Mailing Address 109 Viewpoint Ln

City

Mooreville

State

NC

Zip Code

28117-7558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131578

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

David Wirtz

Mailing Address 1 Highgate NE

City

Ithaca

State

NY

Zip Code

14850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Transaction ID: C1130723

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David O Wright

Mailing Address PO Box 1000

City

Barboursville

State

WV

Zip Code

25504-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130724

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Howard M M Yang

Mailing Address 7031 Casa Encantada St  
Apt 2054

City

Las Vegas

State

NV

Zip Code

89118-0564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Rose Dominican Hosps

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131700

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Christian F Young

Mailing Address 2509 Via De Pallon Cir

City

Henderson

State

NV

Zip Code

89074-5927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131577

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

86718.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jimmie R R Appel, Jr

Mailing Address PO Box 7846

City

Amarillo

State

TX

Zip Code

79114-7846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Jimmie R Appel, Jr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132548

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David Arrowsmith

Mailing Address 2200 Pacific Ave Apt 11D  
Apt 11D

City

San Francisco

State

CA

Zip Code

94115-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peninsula Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126305

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kent N N Bailey

Mailing Address 1512 Portwine Ct

City

Libertyville

State

IL

Zip Code

60048-5314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Infinity Healthcare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132499

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Edward Edward Bair

Mailing Address 1435 Hunter Rd

City

Rydal

State

PA

Zip Code

19046-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abington Emer Phys Assoc

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	1	0

Transaction ID: C1132500

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John Timothy Timothy Baldwin

Mailing Address 10312 Little Pond Dr

City

Oklahoma City

State

OK

Zip Code

73162-6863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JTB Inc

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	1	0

Transaction ID: C1126289

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey R R Barnes

Mailing Address 7606 NW 50th Ct

City

Coral Springs

State

FL

Zip Code

33067-2052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N Broward Medical Center

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	1	0

Transaction ID: C1132501

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kevin Michael Baumlín

Mailing Address 217 W 19th St  
Apt 5N

City State Zip Code  
New York NY 10011-4007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mount Sinai Hosp

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132502

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

William A A Boehm

Mailing Address 1708 Juniper Dr Box 1807

City State Zip Code  
Alamogordo NM 88310-3953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dr. William A Boehm

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: C1126307

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Walter J J Bradley

Mailing Address 2701 17th St

City State Zip Code  
Rock Island IL 61201-5351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Trinity Med Ctr

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132504

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Wallace Monroe Monroe Broadbent

Mailing Address 9887 Q Ave

City

Mattawan

State

MI

Zip Code

49071-9435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kalamazoo Emer Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132505

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Reginald M Brown

Mailing Address 3662 Blackberry Ln

City

Ellicott City

State

MD

Zip Code

21042-1213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Maryland

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132506

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Donald L L Cantway

Mailing Address Box 1371

City

Laramie

State

WY

Zip Code

82073-1371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intrawest Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126277

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jose V Carrillo

Mailing Address PO BOX 7999

City

Mayaguez

State

PR

Zip Code

00681-7999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132549

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Paul D Casey, MD, FACEP

Mailing Address 101 Cherry St Unit 410  
Unit 410

City

Green Bay

State

WI

Zip Code

54301-4247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bellin Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126290

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Deborah Ruth Ruth Cintron

Mailing Address 446 GA Hwy 338

City

Dublin

State

GA

Zip Code

31021-0647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Deborah Ruth Cintron

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132508

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur C C Cohn

Mailing Address PO Box 883

City

Kentfield

State

CA

Zip Code

94914-0883

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marin Genl Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132509

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Thomas Thomas Cowan, Jr

Mailing Address 35815 Tarpon Dr

City

Lewes

State

DE

Zip Code

19958-5049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beebe Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1126291

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Geoffrey M M Crockett

Mailing Address 652 Pioneer Fork Rd

City

Salt Lake City

State

UT

Zip Code

84108-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Geoffrey M Crockett

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132510

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Terence J J Duffy

Mailing Address 9507 Shady Cove Ln

City

Chattanooga

State

TN

Zip Code

37421-2060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hamilton Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126281

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Carl M M Ferraro

Mailing Address 2525 S Michigan Ave

City

Chicago

State

IL

Zip Code

60616-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hosp & Medical Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132511

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Leah Marsot Gapinski

Mailing Address 1035 Orange Ave E

City

Saint Paul

State

MN

Zip Code

55106-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HealthPartners

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132512

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James F F Giglio

Mailing Address 28 King Arthur Ct

City

New City

State

NY

Zip Code

10956-6352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia Presbyterian Med  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132513

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Terry Alan Alan Grant

Mailing Address 211 Plantation Rd

City

Goldsboro

State

NC

Zip Code

27530-9091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Goldsboro Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132514

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Dale Dale Greenlee

Mailing Address 9464 Ashford Pl

City

Brentwood

State

TN

Zip Code

37027-8717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Jeff Dale Greenlee

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126276

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brian L L Gruber

Mailing Address 328 Grace St

City

Smithfield

State

VA

Zip Code

23430-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryview Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132515

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Michael C C Holt

Mailing Address 4014 Mandan Crescent

City

Madison

State

WI

Zip Code

53711-3006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Madison Emergency Physi-  
cians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1126292

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

David Kasarda

Mailing Address 3175 Friedens Ln

City

Center Valley

State

PA

Zip Code

18034-9461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Lukes Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1126293

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Antonios D D Katsetos

Mailing Address 10 E 4th St Apt 305  
Apt 305

City State Zip Code  
Erie PA 16507-1479

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unity Hospital ED

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132518

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Seth A A Kaufman

Mailing Address 1301 Parker St

City State Zip Code  
Berkeley CA 94702-2316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northbay Healthcare

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132519

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kristine Koh

Mailing Address 2204 E Meadowbrook Ln

City State Zip Code  
Glendora CA 91741-6444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Jude Med Ctr

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132520

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 87

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Gilbert Gilbert Kolonich, Jr

Mailing Address 1062 Meadow View Dr

City

Apollo

State

PA

Zip Code

15613-9646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westmoreland Hosp ED

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1126294

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Richard E E Larson

Mailing Address 7 Perry Rd

City

Natick

State

MA

Zip Code

01760-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Faulkner Hosp ED

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132521

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert H H Leviton

Mailing Address 249 Melbourne Ave

City

Mamaroneck

State

NY

Zip Code

10543-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Robert H Leviton

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126316

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

George E E Long

Mailing Address 2185 E Greenleaf Dr

City

Frederick

State

MD

Zip Code

21702-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. George E Long

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1126296

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

J Michael Michael Lynch

Mailing Address 3225 Lakeshore Dr

City

Old Hickory

State

TN

Zip Code

37138-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cumberland Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132524

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Craig Marsden

Mailing Address 6360 Willow Crk Rd

City

Mtn Green

State

UT

Zip Code

84050-6745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LDS Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126318

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kerri L Mason

Mailing Address 2431 Coosawattee Dr NE

City

Atlanta

State

GA

Zip Code

30319-3981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kerri L Mason, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126284

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bonnie B B Mattheaus

Mailing Address PO Box 7270

City

Wilmington

State

DE

Zip Code

19803-0270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Ctr of Delaware ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: C1126319

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Michael John John McAuliffe

Mailing Address 168 Owens Ln

City

Stephens City

State

VA

Zip Code

22655-4851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winchester Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126320

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gene C C McColgin

Mailing Address 1605 Black Sands Way

City

Tillamook

State

OR

Zip Code

97141-9828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tillamook Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132526

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Brian R R McMurray

Mailing Address 9400 Coxboro Dr

City

Brentwood

State

TN

Zip Code

37027-8706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brian R McMurray MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126321

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas A A Morse

Mailing Address 4985 Smoketalk Ln

City

Westerville

State

OH

Zip Code

43081-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid OH Emer Serv

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126285

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Arlene F F Mrozowski

Mailing Address 73 Coventry Ln

City

Trumbull

State

CT

Zip Code

06611-1061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Marys Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126322

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Isabel Lockwood Lockwood Ochsner

Mailing Address 465 Lowerline St

City

New Orleans

State

LA

Zip Code

70118-3760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Isabel Lockwood Ochsner

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1126297

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

William P Olivieri, MD, FACEP

Mailing Address 18 Steeplechase Ln

City

Asbury

State

NJ

Zip Code

08802-1086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackettstown Cmnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126323

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Yogin K Patel

Mailing Address 1201 E West Hwy  
Apt 428

City State Zip Code  
Silver Spring MD 20910-6293

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Shady Grove Adventist Hosp

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132527

Amount of Each Receipt this Period

1.00

**B.**

Full Name (Last, First, Middle Initial)

Frederick Pich

Mailing Address 3428 NW 63rd Pl

City State Zip Code  
Gainesville FL 32653-8861

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ FL Emerg Med Residen-  
cy

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132528

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Vincent E E Pierce, Jr

Mailing Address 104 Weather Vane Dr

City State Zip Code  
Cherry Hill NJ 08002-1038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Robert Wood Johnson Univ  
Hosp

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1126298

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

201.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul R R Pirigyi

Mailing Address 641 Valley Rd

City

Watchung

State

NJ

Zip Code

07069-6118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Peters Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132529

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Marc Steven Plotkin

Mailing Address 7267 NW 122nd Ave

City

Parkland

State

FL

Zip Code

33076-4622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sheridan Healthcorp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126286

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Richard F F Prince

Mailing Address 3435 Brandywine St

City

San Diego

State

CA

Zip Code

92117-5605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sharp Coronado Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132530

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Atwood L L Rice, III

Mailing Address 102 Parsonage Ln

City

Lafayette

State

LA

Zip Code

70503-5932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Atwood L Rice, III

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126287

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Josh J Riff

Mailing Address 7990 E Snyder Rd  
Apt 1104

City

Tucson

State

AZ

Zip Code

85750-6531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Josh J Riff, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132531

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Samuel Samuel Rubens

Mailing Address 2 Stone Rdg Ct

City

Jamestown

State

NC

Zip Code

27282-8750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regl Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126325

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce David David Rubin

Mailing Address 45 Primrose Ln

City

Huntingdon Valley

State

PA

Zip Code

19006-5442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abington Emergency Physi-  
cian A

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126279

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mark D D Schmiedl

Mailing Address 1831 Cedar Point Rd

City

Sandusky

State

OH

Zip Code

44870-5211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ER Doc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132533

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Eugene M M Shelby

Mailing Address 137 Circle Dr

City

Hot Springs

State

AR

Zip Code

71901-2773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Park Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132534

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ted Shieh

Mailing Address 2219 W Cortez

City

Chicago

State

IL

Zip Code

60622-3518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westlake Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132535

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David J J Simon

Mailing Address 114 Greenbriar Dr

City

Wexford

State

PA

Zip Code

15090-7324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ellwood City Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132536

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Borys Slep

Mailing Address 29 Quaker Rd

City

Short Hills

State

NJ

Zip Code

07078-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Christ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132538

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Eric V V Smart

Mailing Address 8347 Snow Basin Dr

City

Sandy

State

UT

Zip Code

84093-1036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Utah Emergency Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126301

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

William B B Solik

Mailing Address 3423 Nugent Blvd

City

Columbus

State

IN

Zip Code

47203-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys Inc Columbus

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126275

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Douglas R Sommers

Mailing Address 2181 Stoopto Rd

City

Sylvania

State

GA

Zip Code

30467-6654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E GA Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1126302

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nyla Sherrie Sherrie Squyres

Mailing Address 2917 Lafayette Cir

City

Huntsville

State

AL

Zip Code

35801-3262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Huntsville Hosp ED

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1126303

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Joshua Stillman

Mailing Address 275 W 96th St # 28D  
Apt 28D

City

New York

State

NY

Zip Code

10025-6263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NY Presbyterian Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126288

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mark J J Tamsen

Mailing Address Emergency Care Dynamics  
PO Box 370630

City

San Diego

State

CA

Zip Code

92137-0630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Care Dynamics

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126280

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Don Tatsumi Tatsumi Tanabe

Mailing Address 151 Barcelona Dr

City

Jupiter

State

FL

Zip Code

33458-2713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEMS Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126330

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mathew T Thomas

Mailing Address 4315 Osby Dr

City

Houston

State

TX

Zip Code

77096-4420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Emergency  
Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132541

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

A Nicole Nicole Thran

Mailing Address 320 W Reach Dr

City

Jamestown

State

RI

Zip Code

02835-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Westerly Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132542

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

P Glenn Glenn Tremml

Mailing Address 3905 Indian River Dr E

City

Vero Beach

State

FL

Zip Code

32963-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P Glenn Tremml, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132543

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Trepp

Mailing Address 35 W 33rd St 31D  
Apt 31D

City

New York

State

NY

Zip Code

10001-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Presbyterian Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132544

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Duane Utkewicz, MD

Mailing Address 41 Hansom Rd

City

Basking Ridge

State

NJ

Zip Code

07920-2974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1126304

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 87

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Don F F Van Wie

Mailing Address 4505 Lyons Run Cir Apt 303  
Apt 303City State Zip Code  
Owings Mills MD 21117-6956FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Univ of MD Schl of MedOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126332

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Kamalakar R Vanam

Mailing Address 224 Fletcher St

City State Zip Code  
Edison NJ 08820-1784FEC ID number of contributing  
federal political committee.**C**Name of Employer  
St Vincent Med CtrOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132545

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

James Michael Michael Villareal

Mailing Address 852 S 2200 E

City State Zip Code  
Salt Lake City UT 84108-1426FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Utah Emer PhysOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132546

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 87

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lisa Michelle Michelle Ward

Mailing Address 5810 Wood Duck Ct

City

Clayton

State

OH

Zip Code

45315-9639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Upper Valley Medical Cent-  
er

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126333

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

James A A Webley

Mailing Address 5985 Carmen Ct W

City

Orchard Lake

State

MI

Zip Code

48324-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesys Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126334

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

7026.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 / 87

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Austin Scott for Congress

Mailing Address PO Box 27750

City State Zip Code  
Macon GA 31221Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 08

Transaction ID: D106214

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Bass Victory Committee

Mailing Address PO Box 3451

City State Zip Code  
Concord NH 03302Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Charles F. Bass011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: D106192

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Bera for Congress

Mailing Address PO Box 582496

City State Zip Code  
Elk Grove CA 95758Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 03

Transaction ID: D106197

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 87

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bill Cassidy for US Congress

Mailing Address 8550 United Plaza Blvd  
Suite 1001

City Baton Rouge State LA Zip Code 70809-2256

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Bill Cassidy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: D106175

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Eric I. Cantor

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: D107797

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Chad Causey for Congress

Mailing Address 236 Mass Ave., NE  
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Chad Causey

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: D106179

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

13000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 / 87

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles Boustany Jr Md For Congress Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Mr. Charles Boustany011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: D106176

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Chris Coons for Delaware

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714-5000

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: DE District:

Transaction ID: D106203

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Duncan for Congress

Mailing Address PO Box 732

City Clinton State SC Zip Code 29325

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 03

Transaction ID: D106196

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Freedom PAC

Mailing Address PO Box 2458

City  
SpringfieldState  
VAZip Code  
22152Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D106221

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Bill Posey

Mailing Address 1824 South Fiske Boulevard

City  
RockledgeState  
FLZip Code  
32955Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Mr. Bill Posey011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: D107791

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Friends of Stephene Moore

Mailing Address PO Box 75214

City  
WashingtonState  
DCZip Code  
20013-0214Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District: 03

Transaction ID: D106191

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

6500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Hoyer For Congress

Mailing Address 4201 Northview Dr, Ste 307

City State Zip Code  
Bowie MD 20716Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Steny H. Hoyer011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: D106220

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Hultgren for Congress

Mailing Address 1118 East Main Street

City State Zip Code  
Saint Charles IL 60174Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Randy Hultgren011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: D106198

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

John S Fund

Mailing Address PO Box 853

City State Zip Code  
Edwardsville IL 62025Purpose of Disbursement  
Contributions for Federal PACs/CommitteesCandidate Name  
John Shimkus011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: IL District: Annual contribution

Transaction ID: D106729

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kurt Schrader For Congress

Mailing Address 205 N Main St.

City  
Oregon City

State  
OR

Zip Code  
97045

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Mr. Kurt Schrader

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: D106215

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

LANCE FOR CONGRESS

Mailing Address 370 Tall Tree Ct

City  
Jackson

State  
NJ

Zip Code  
08527-3158

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Leonard Lance

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: D106216

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Latourette For Congress Committee

Mailing Address 320 Kenarden Dr.

City  
Highland Hts.

State  
OH

Zip Code  
44143

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Steven C. LaTourette

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 14

Transaction ID: D107777

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mo Brooks for Congress

Mailing Address 7610 Foxfire Dr SE

City  
Huntsville

State  
AL

Zip Code  
35802-2716

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 05

Transaction ID: D107779

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Nevada Republican Party

Mailing Address 6655 S. Tenaya Way  
Suite 120

City  
Las Vegas

State  
NV

Zip Code  
89107

Purpose of Disbursement  
Contributions to National Party Committees

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: D106178

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

New Pioneers PAC

Mailing Address 228 S. Washington Street

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D106205

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Oliverio for Congress

Mailing Address P.O. Box 130

City  
Dellslow

State  
WV

Zip Code  
26531

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Mike Oliverio

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 01

Transaction ID: D106199

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Pat Meehan for Congress

Mailing Address 5035 Township Line Rd

City  
Drexel Hill

State  
PA

Zip Code  
19026-4821

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Pat Meehan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: D106206

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Paul Gosar for Congress

Mailing Address P.O. Box 368

City  
Falls Church

State  
VA

Zip Code  
22040

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 01

Transaction ID: D106180

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code  
Fremont CA 94537

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Fortney Peter Stark

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: D107780

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
BEN CHANDLER FOR CONGRESS

Mailing Address P. O. Box 12678

City State Zip Code  
Lexington KY 40508

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Ben Chandler

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 06

Transaction ID: D107794

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
PASCRELL FOR CONGRESS INC.

Mailing Address POB 640

City State Zip Code  
Totowa NJ 07511

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Bill Pascrell, Jr.

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: D106705

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF CHARLIE WILSON

Mailing Address P.O. BOX 61

City State Zip Code  
ST. CLAIRSVILLE OH 43950Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Charlie Wilson011  
Category/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OH District: 06

Transaction ID: D107796

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF DAVE REICHERT

Mailing Address P. O. Box 53322

City State Zip Code  
Bellevue WA 98015Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Dave George Reichert011  
Category/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WA District: 08

Transaction ID: D107768

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City State Zip Code  
RIVERDALE GA 30296Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. David A. Scott011  
Category/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: GA District: 13

Transaction ID: D107781

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A. Full Name (Last, First, Middle Initial)  
DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Devin Nunes010  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: D107790

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

4000.00

**B. Full Name (Last, First, Middle Initial)  
PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Frank Pallone, Jr.011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: D106217

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

**C. Full Name (Last, First, Middle Initial)  
FRIENDS OF GLENN NYE**Mailing Address 499 S Capitol St SW  
Ste 404

City Washington State DC Zip Code 20003-4004

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Glenn C. Nye011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: D107786

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ►

8000.00

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
**JACKIE SPEIER FOR CONGRESS**

Mailing Address PO BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jackie Speier

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: D107772

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

4000.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN SALAZAR FOR CONGRESS**

Mailing Address PO Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. John T. Salazar

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 03

Transaction ID: D106700

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
**KATHY DAHLKEMPER FOR CONGRESS**

Mailing Address PO Box 1045

City Erie State PA Zip Code 16512

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Kathy Dahlkemper

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: D106194

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A. Full Name (Last, First, Middle Initial)  
KENNY MARCHANT FOR CONGRESS**

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Kenny Marchant011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 24

Transaction ID: D106222

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

**B. Full Name (Last, First, Middle Initial)  
FRIENDS OF MAURICE HINCHEY**

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Maurice D. Hinchey011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 22

Transaction ID: D107787

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

**C. Full Name (Last, First, Middle Initial)  
MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Mike Thompson011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: D107789

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

TOTAL This Period (last page this line number only) ▶



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

## **A.** Full Name (Last, First, Middle Initial) **PETE SESSIONS FOR CONGRESS**

Mailing Address PO Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Pete Sessions

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: D107782

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

3500.00

## **B.** Full Name (Last, First, Middle Initial) **GINGREY FOR CONGRESS**

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Phil Gingrey, M.D.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: D106204

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

1000.00

## **C.** Full Name (Last, First, Middle Initial) **ANDREWS FOR CONGRESS COMMITTEE**

Mailing Address 215 Fourth Avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Robert E. Andrews

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 01

Transaction ID: D107784

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF ROY BLUNT</b>	<b>Transaction ID:</b> D106193 <b>Date of Disbursement</b>																				
Mailing Address 209 Pennsylvania Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Washington State DC Zip Code 20003-1107	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Rep. Roy Blunt	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BERKLEY FOR CONGRESS</b>	<b>Transaction ID:</b> D107776 <b>Date of Disbursement</b>																				
Mailing Address 3069 Conquista Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Rep. Shelley Berkley	<table border="1"> <tr> <td></td> </tr> </table> Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA</b>	<b>Transaction ID:</b> D106195 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2009	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Stephanie Herseht Sandlin	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

SCALISE FOR CONGRESS

Mailing Address PO Box 23219

City  
Jefferson

State  
LA

Zip Code  
70183

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Steve Scalise

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 01

Transaction ID: D106177

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

TIM RYAN FOR CONGRESS

Mailing Address 1600 Roosevelt Avenue

City  
Niles

State  
OH

Zip Code  
44446

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Tim J. Ryan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: D107783

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Roskam For Congress Committee

Mailing Address P. O. Box 713

City  
Wheaton

State  
IL

Zip Code  
60187

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Mr. Peter Roskam

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: D107792

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sandy Adams for Congress

Mailing Address P. O. Box 1566

City  
OrlandoState  
FLZip Code  
32802Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: D106189

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Schock For Congress

Mailing Address PO Box 10555

City  
PeoriaState  
ILZip Code  
61612Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Mr. Aaron Schock

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 18

Transaction ID: D107793

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

MIKULSKI FOR SENATE COMMITTEE

Mailing Address P O B 13147

City  
BALTIMOREState  
MDZip Code  
21203Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Sen. Barbara A. Mikulski

011

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 00

Transaction ID: D106219

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF SCHUMER

Mailing Address 426 C St NE  
c/o Tonya Fulkerson

City Washington State DC Zip Code 20002-5839

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Sen. Charles E. Schumer

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NY District: 00

Transaction ID: D106208

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID VITTER FOR US SENATE

Mailing Address PO BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Sen. David Vitter

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: LA District: 00

Transaction ID: D106173

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Southerland for Congress

Mailing Address 5903 Woodfield Estates Drive

City Alexandria State VA Zip Code 22310

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: FL District: 02

Transaction ID: D106213

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Team Emerson For Jo Ann Emerson

Mailing Address PO Box 822  
P.O. Box 822

City State Zip Code  
Cape Girardeau MO 63702

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jo Ann Emerson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 08

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: D107795

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

154500.00

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 87 / 87

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00140061	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mullen and Company		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0	
Mailing Address Suite 600 1101 Pennsylvania Ave., NW		Amount 40000.00	
City Washington State DC Zip Code 20037		Transaction ID: D107762	
Purpose of Expenditure Independent Expenditure for Rep. Chris Murphy (D-CT)		Office Sought: <input checked="" type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Christopher S. Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 40000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Radio Ad 2010	

(a) SUBTOTAL of Itemized Independent Expenditures .....	40000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	40000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Phyllis Edans, CPA, CAE  
Signature

Date M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0